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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I. Operator  
Coquina Oil Corporation  
Address  
200 Building of Southwest, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner  
Weldon Guest, 1010 Hamilton Building, Wichita Falls, Texas 76301

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Farrell Federal  
Well No.  
2  
Pool Name, including Formation  
Chaveroo - San Andres  
Kind of Lease  
State, Federal or Fee Federal  
Lease No.  
0108997-A  
Location  
Unit Letter L  
1980 Feet From The S Line and 660 Feet From The W  
Line of Section 28 Township 7-S Range 33-E, NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Mobil Pipe Line Co.  
Address (Give address to which approved copy of this form is to be sent)  
Box 900, Dallas, Texas 75221  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Cities Service Oil Co.  
Address (Give address to which approved copy of this form is to be sent)  
600 Vaughn Bldg., Midland, Texas  
If well produces oil or liquids, give location of tanks.  
Unit J Sec. 28 Twp. 7S Rge. 33E  
Is gas actually connected? Yes When

IV. COMPLETION DATA  
If this production is commingled with that from any other lease or pool, give commingling order number:  
Designate Type of Completion - (X)  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
Elevations (DF, RKB, RT, CR, etc.)  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
Perforations  
Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  
CASING & TUBING SIZE  
DEPTH SET  
SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks  
Date of Test  
Producing Method (Flow, pump, gas lift, etc.)  
Length of Test  
Tubing Pressure  
Casing Pressure  
Choke Size  
Actual Prod. During Test  
Oil - Bbls.  
Water - Bbls.  
Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D  
Length of Test  
Bbls. Condensate/MMCF  
Gravity of Condensate  
Testing Method (pilot, back pr.)  
Tubing Pressure (shut-in)  
Casing Pressure (shut-in)  
Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. B. Taylor  
(Signature)

Vice President  
(Title)

November 11, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.